

Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 09-25-2014

Street: 2819 US 6

Incident #: 14ISPC008336

Apt, Lot, Room #:

County: DEKALB

City: WATERLOO, IN

Type of Laboratory Seizure (check one)

- ☒ Lab Seizure
☐ Chemical Seizure
☐ Equipment Seizure
☐ Dumpsite Seizure

Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel
☐ Outbuilding ☐ Open – No Structure
☒ Vehicle ☐ Business
☐ Other: _____

Apt., hotel, multi-family dwelling: Shared HVAC: ☐ Yes ☐ No ☐ Unknown

Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☒ One Pot or Birch Reaction(s): TRUCK
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Hydrochloric Acid Gas Generator(s): TRUCK
☒ Flammable Solvents: TRUCK
☐ Water Reactive Metal (Lithium): _____
☐ Anhydrous Ammonia: _____
☒ Corrosive Acid: TRUCK
☒ Corrosive Base: TRUCK
☒ Ammonium Nitrate/Sulfate: TRUCK
☐ Other (item and location): _____

Child under age 18 discovered (check appropriate)

- ☒ Yes 2 (number present)
☐ No
☐ Children not present but evidence they reside or visit often

Living conditions of home: ☐ clean ☒ disarray
☐ unclean
Estimated length of time manufacturing had been occurring: UNK
Additional Information: _____

Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: SHANE FIKE
VIN: 3GCEK13J38G285357
Year: 2008

Make: CHEV
Model: SK1
Color: BLUE

This report has been faxed* or emailed to the following agencies that serve the location:

Fire Department: WATERLOO FD Fax: E-MAILED
Health Department County: DEKALB CO Fax: E-MAILED
Department of Child Services Hotline: dcshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: ANDREW SMITH Phone 260-432-8661

*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.